

MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS
P. O. DRAWER 775
LOUISVILLE, MS 39339

Phone: 662.773.4478

Fax: 662.773.4433

This application must be submitted to the above address twenty (20) days before a Board Meeting. The Board meets the 4th Thursday of January, April, July, and October.

Extern Sponsoring Doctor's Application

Name: _____ SS#: _____

Address: _____

Phone - Office: _____ Home: _____

Chiropractic College: _____

Graduation Date: _____

Mississippi License Number: _____

Date License Issued: _____

National Affiliation: _____ ACA _____ ICA _____ None

Approximate Number Patient Care Visit Per Week: _____

Graduate Degrees: _____

Post Graduate Certification: _____

- | | |
|-------------------------------------|-------------------|
| 1. Do you use any of the following: | <u>Circle One</u> |
| a. Nutritional Supplements | Yes No |
| b. Orthotics and supports | Yes No |
| c. Physical therapy: | |
| Heat | Yes No |
| Cryotherapy | Yes No |
| Electrical muscle stimulation | Yes No |
| d. Traction: | |
| Intersegmental | Yes No |
| Static | Yes No |
| Manual | Yes No |
| e. Interferential current | Yes No |
| f. Ultrasound | Yes No |
| g. Vibratory therapy | Yes No |
| h. Paraffin | Yes No |
| i. Diathermy | Yes No |
| j. Infrared heat therapy | Yes No |

2. What are your x-ray facilities?

a. Type of machine _____
MA _____
KVP _____

b. Type of x-ray cassettes _____

c. Type of screen _____

d. Size of cassettes used:

8x10

Yes No

10x12

Yes No

14x17

Yes No

14x36

Yes No

List additional sizes: _____

3. Do you use a radiologist as a consultant?

Yes No

4. List the name of your liability insurance company _____

Amount of coverage _____

Address and phone number for verification _____

5. Give brief explanation of examination procedures applied in your practice:

6. Do you have teaching experience?

Yes No

If yes, give description of such experience and where performed:

7. Do you have any other doctors employed at your clinic?

Yes No

8. What are the names, license numbers, and qualifications of the doctors employed by you?

Signature